

PRISONER GRIEVANCE PART TWO

PRISONER NAME	OBSCIS #	FSO LOG #	DIO LOG #

INVESTIGATOR'S FINDINGS AND RECOMMENDATIONS:

INVESTIGATION: I met with grievant on _____ at _____ Hours.

INVESTIGATOR'S SIGNATURE: _____ DATE: _____

SUPERINTENDENT'S FINDINGS AND DETERMINATION:

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

PRISONER'S RESPONSE:

I AM SATISFIED WITH THIS RESPONSE.
 I AM NOT SATISFIED WITH THIS RESPONSE.
 BUT **DO NOT** WISH TO APPEAL
 AND **DO INTEND** TO APPEAL TO THE Director of Institutions OR the Medical Advisory Committee

I UNDERSTAND THAT MY COMPLETED STATEMENT OF APPEAL FORM MUST BE SUBMITTED TO THE Facility Standards Officer **WITHIN TWO WORKING DAYS OF THIS DATE.**

PRISONER'S SIGNATURE: _____ DATE: _____

FORM DELIVERED TO PRISONER BY OFFICER

_____ (PRINT NAME/SIGNATURE) (DATE/TIME)

Distribution: Original to Prisoner's Case/Medical File
Prisoner
Facility Standards Officer